

SINGLE-PACK SPECIALTY BRANDS DISPLAY - PLAN C1

☐ INDEPENDENT ☐ CHAIN

Territory 8					

CALL #			

SPACE ID NUMBER					

KEY ACCOUNT NUMBERS				

CUSTOMER NAME									
STREET ADDRESS - LINE 1									
STREET ADDRESS - LINE 2 (To be completed only when street address exceeds space provided above)									
CITY					ST.		ZIP		

PLAN C1

- ☐ New Account ☐ Change in Ownership
☐ Renewal Statement ☐ Old Account (New Plan)
☐ Change in Name/Address

EFFECTIVE DATE
OF AGREEMENT

MO.		YR.	

PLAYERS' packings

OF STONES
(CHAINS)

MONTHLY
PAYMENT:
\$10.00

DISPLAY LOCATION

PHILIP MORRIS U.S.A.

BY _____ Date _____ By _____ Date _____

IS THIS ACCOUNT INCORPORATED? ☐ YES ☐ NO

PLEASE PROVIDE:

FEDERAL
EMPLOYER TAX ID NO. [] [] [] [] [] [] [] []
OR
OWNER'S
SOCIAL SECURITY NO. [] [] [] [] [] [] [] []

DISTRIBUTION

ORIGINAL

DUPLICATE
TRUCKS AND BUSES

QUADRUPLE

SECTION OFFICE

SECTION OFFICE

CUSTOMER
P.M. REPRESENT

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